

Exhibit 3

REVISED 11/24

«FIRST NAME» «LAST NAME»

«STREET»

«CITY» «STATE» «ZIP»

Unique ID: XXXXX

PIN: XXXXXXXXXX

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

ERICA FRASCO, et al., individually and on **I.**
behalf of all others similarly situated, **II.**

Plaintiffs, **III.**

v.

FLO HEALTH, INC., META PLATFORMS,
INC., GOOGLE, LLC, and FLURRY, INC.,

Defendants.

Case No.: 3:21-cv-00757-JD

PROOF OF CLAIM FORM

Before completing this form, it is important that you review the **Notice of Proposed Class Action Settlements, Final Approval Hearing and Class Members' Rights** ("Notice"), and the Settlement Agreements between Plaintiffs and Flurry LLC, Google LLC, and Flo Health, Inc., which are available on the case website, www.PeriodTrackerDataPrivacyLitigation.com.

You must submit a Claim **online on the website** www.PeriodTrackerDataPrivacyLitigation.com **by 11:59 p.m. Pacific Time no later than [Date] OR complete, postmark and mail this form to the Administrator no later than [Date].**

Each Class Member may submit only one Claim and receive compensation from Google, Flo, and Flurry for the release of Released Plaintiffs' Claims only once. Submission of this Claim Form does not guarantee payment. Your Claim Form must be approved by the Administrator. If you are unable to submit the required information as described below or have any questions, you should email the Administrator for further instructions.

I. CLAIMANT INFORMATION

The Administrator will use this information for all communications relevant to this Claim Form and may use it in connection with anything related to this case. If your information changes after you submit this form, please notify the Administrator in writing otherwise you may not receive your payment. If you are completing and signing this Claim Form on behalf of a Claimant, you must attach documents that prove you are authorized to do so.

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First Name	Last Name	
Street Address (no P.O. Boxes)		
City	State	Zip Code
Email Address	Phone Number	

II. PROOF OF CALIFORNIA RESIDENCY

If you lived in California during the Class Period (November 1, 2016 through and including February 28, 2019), please complete the information below. Because of California's data protection laws, Authorized Claimants who prove they lived in California during the Class Period and used the Flo Period and Ovulation Tracker app ("Flo App") while in California during the Class Period, are eligible to receive a greater *pro rata* (or proportional) share of the Settlements than Authorized Claimants who lived in other states.

~~Please check all boxes below that apply to you:~~

- ☐ Between November 1, 2016 and February 28, 2019, both dates inclusive, I resided in the state of California and entered menstruation and/or pregnancy information into the Flo App during that time. I acknowledge and consent to address verification solely for the purpose of verifying the state where I lived. I understand that this verification may be conducted through secure third-party validation services, and any addresses obtained or used for verification purposes will not be stored, shared, or used for any other purpose beyond compliance and verification requirements in this case.
- ☐ ~~By checking this box, I affirm under penalty of perjury, to the best of my knowledge, that the selections and the information I provided in this Section are true and accurate.~~

If the Administrator is unable to verify your California residency, you will not receive additional notice and will not be eligible to receive a payment as part of the California Subclass. However, you will still receive a standard share if you are an Authorized Claimant.

III. PAYMENT METHOD AND NOTIFICATIONS

All information about payments will be sent to you digitally via email. Please ensure you provide a current, valid email address and mobile phone number with your Claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Administrator to receive a reissued payment.

When you receive the email and/or mobile phone text notifying you of your payment, you will be provided with a number of digital payment options, such as PayPal, Venmo, Apple Pay, Amazon, or direct deposit, to immediately receive your payment. The email and/or text will also give you the option to request a paper check.

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By submitting this Claim, you agree to receive automated emails and/or text messages from the Settlement Administrator at the email and/or phone number you have provided regarding anything related to this case.

IV. ACKNOWLEDGMENTS AND CERTIFICATION

Submitting false information will render this Claim invalid.

☐

Between November 1, 2016 and February 28, 2019, both dates inclusive, I was in the United States and entered menstruation and/or pregnancy information into the Flo App during that time.

By signing below, I acknowledge that I understand and agree to be bound by the terms of each Settlement, the notices, and this Claim, including the Releases provided for in the Settlements.

~~BY SIGNING BELOW, I~~ **DECLARE (OR CERTIFY, VERIFY, OR STATE)**
UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED
STATES OF AMERICA **THAT ALL THE INFORMATION PROVIDED BY**
ME ON THIS CLAIM FORM IS TRUE, AND CORRECT, ~~AND COMPLETE.~~

Executed on this date: _____

=

MM/DD/YY

Signature of Claimant

Print Name of Claimant

~~Date:~~ _____

~~– MM/DD/YY~~

REMINDER: YOUR CLAIM FORM MUST BE SUBMITTED ONLINE BY 11:59 P.M.
PACIFIC TIME ON [DATE] OR POSTMARKED AND MAILED NO LATER
THAN [DATE] TO:

Period Tracker Data Privacy Litigation
c/o A.B. Data
P.O. Box 173126
Milwaukee, WI 53217

QUESTIONS? Please visit www.PeriodTrackerDataPrivacyLitigation.com or email
info@PeriodTrackerDataPrivacyLitigation.com.

Summary report: Litera Compare for Word 11.12.0.83 Document comparison done on 11/24/2025 5:33:41 PM	
Style name: NZ with formatting	
Intelligent Table Comparison: Active	
Original DMS: iw://labaton-mobility.imatech.com/active/3634470/16 - Flo Flurry Google Claim Form - Final.docx	
Modified DMS: iw://labaton-mobility.imatech.com/active/3634470/18 - Flo Flurry Google Claim Form - Revised.docx	
Changes:	
<u>Add</u>	8
Delete	9
Move From	0
<u>Move To</u>	0
<u>Table Insert</u>	0
Table Delete	0
<u>Table moves to</u>	0
Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	17